

BASELINE QUESTIONNAIRE: B4 Cancer History

B4. Cancer History

For each cancer reported, complete as follows.

CANCER REPORT ONE

Age <u>first</u> treated with <u>radiation</u> therapy	Age _____ years	<input type="radio"/> Don't Know
Doctor who treated you with radiation therapy	_____	<input type="radio"/> Don't Know
Hospital where you were treated with radiation therapy	_____ State _____	<input type="radio"/> Don't Know
Were you treated with <u>chemotherapy</u> for your <u>first</u> cancer?		
<input type="radio"/> Yes	Age _____ years	<input type="radio"/> Don't Know
<input type="radio"/> No		
<input type="radio"/> Don't Know		
Doctor who treated you with chemotherapy (oncologist)	_____	<input type="radio"/> Don't Know
Hospital where you were treated with chemotherapy	_____ State _____	<input type="radio"/> Don't Know

CANCER REPORT TWO

Age treated with <u>radiation</u> therapy	Age _____ years	<input type="radio"/> Don't Know
Doctor who treated you with radiation therapy	_____	<input type="radio"/> Don't Know
Hospital where you were treated with radiation therapy	_____ State _____	<input type="radio"/> Don't Know
Were you treated with <u>chemotherapy</u> for your <u>second</u> cancer?		
<input type="radio"/> Yes	Age _____ years	<input type="radio"/> Don't Know
<input type="radio"/> No		
<input type="radio"/> Don't Know		
Doctor who treated you for chemotherapy (oncologist)	_____	<input type="radio"/> Don't Know
Hospital where you were treated with chemotherapy	_____ State _____	<input type="radio"/> Don't Know

CANCER REPORT THREE

Age treated with <u>radiation</u> therapy	Age _____ years	<input type="radio"/> Don't Know
Doctor who treated you with radiation therapy	_____	<input type="radio"/> Don't Know
Hospital where you were treated with radiation therapy	_____ State _____	<input type="radio"/> Don't Know
Were you treated with <u>chemotherapy</u> for your <u>third</u> cancer?		
<input type="radio"/> Yes	Age _____ years	<input type="radio"/> Don't Know
<input type="radio"/> No		
<input type="radio"/> Don't Know		
Doctor who treated you with chemotherapy (oncologist)	_____	<input type="radio"/> Don't Know
Hospital where you were treated with chemotherapy	_____ State _____	<input type="radio"/> Don't Know

CANCER REPORT FOUR

Age treated with <u>radiation</u> therapy	Age _____ years	<input type="radio"/> Don't Know
Doctor who treated you with radiation therapy	_____	<input type="radio"/> Don't Know
Hospital where you were treated with radiation therapy	_____ State _____	<input type="radio"/> Don't Know
Were you treated with <u>chemotherapy</u> for your <u>fourth</u> cancer?		
<input type="radio"/> Yes	Age _____ years	<input type="radio"/> Don't Know
<input type="radio"/> No		
<input type="radio"/> Don't Know		
Doctor who treated you for chemotherapy (oncologist)	_____	<input type="radio"/> Don't Know
Hospital where you were treated with chemotherapy	_____ State _____	<input type="radio"/> Don't Know